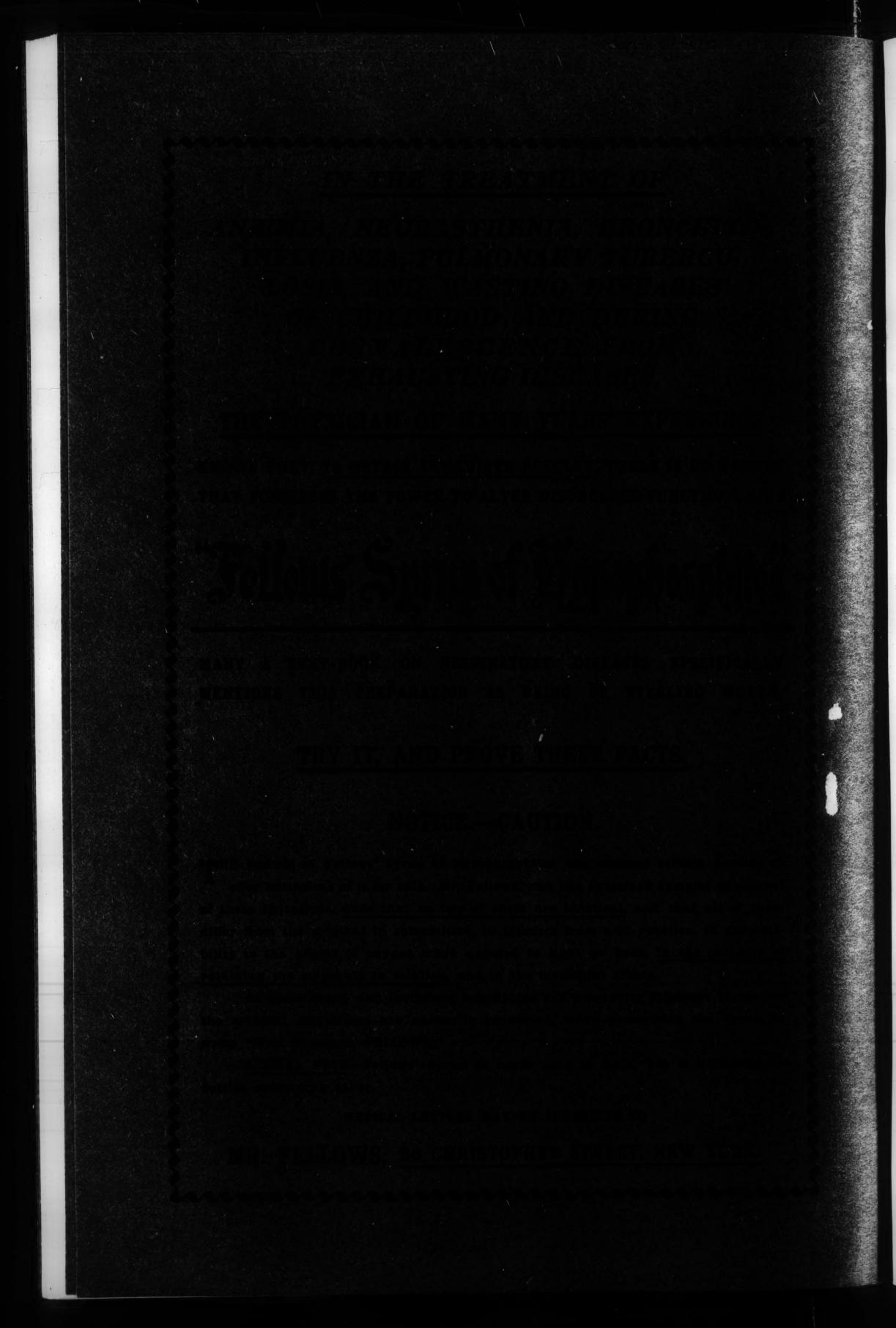
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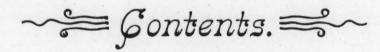
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ORIGINAL AND SELECTED

	F	PAGE
DIPHTHERIA OR WHAT?	G. W. Harvey, M. D.	141
ABOUT THE BLOOD	F. G. De Stone, M. D.	142
NUTRITION IN TUBERCULOSIS	John P. Sawyer, M. D.	146
CASE OF TONSILLAR TUBERCULOSIS	C. S. Means, B. S., M. D.	152
REMOVAL OF UTERUS IN CASE OF PYOSALPIN	NX, ETCD. Maclean, M. D.	153
EDITORIALS	•••••	155
EDITORIAL NOTES		156
THE STATE SOCIETY		158

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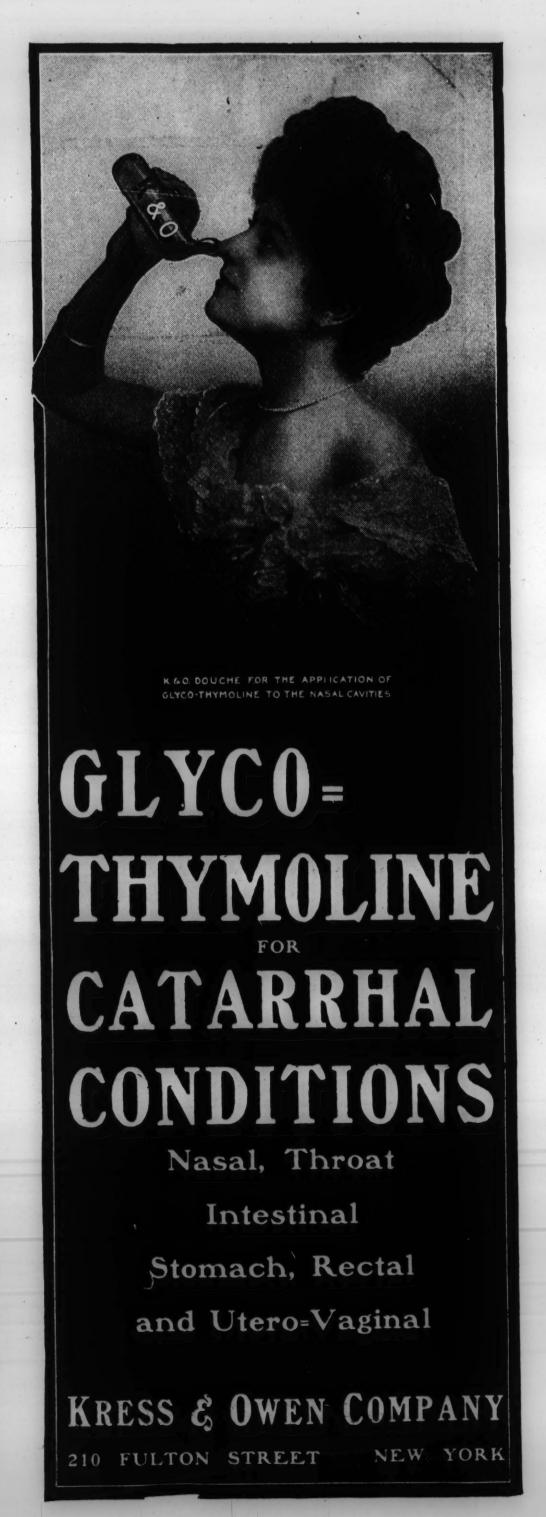
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California Medical Journal.

Vol. xxvi.

JUNE, 1905.

No. 6.

Diphtheria or What?

G. W. HARVEY, M. D., PITTVILLE, CAL.

FOR the past six months there has been an epidemic of what the majority of physicians in the district infected call diphtheria, the same being confined to a small section of Modoc Co., California, and Klamath Co., Oregon, and while there are some symptoms common to diphtheria there are a number of others that I have never observed before in the numerous cases of diphtheria that I have treated in many sections of the Pacific Coast States and territories.

In the first place it attacks adults more frequently and is more severe in them than in children under seventeen or eighteen years of age. In the beginning of the disease the throat and pharynx and sometimes the soft palate will be studded with little pear-shaped cysts or bladders filled with a clear serous liquid, that, as the disease progresses changes to a dark sanious fluid.

In time these disappear and give place to a grayish exudate attached to a gangrenous-looking base that fills up almost the whole throat. During this stage of the disease the mucous membrane of the nose is highly affected and the patient will blow out great pieces of membrane that looks more like the lining of an egg shell than any thing else that I can compare it to. The nostrils gradually fill up with a serous exudate that is too thick to be dislodged and when it hangs from the nostrils looks like the white of an uncooked egg. At this stage of the disease breathing through the nostrils is impossible.

This same exudate evidently fills up the trachea and bronchial tubes, because the patient gradually becomes cyanotic and finally dies of suffocation.

The external swelling of the throat

and neck is extreme, all of the lateral cervical glands being involved, and after death show almost black or decomposed through the skin.

The fever runs from 103 to $104\frac{1}{2}$ and ends by lysis in the non-fatal case.

The disease is mildly contagious and infectious, but people contract it in many instances where they could trace it to no source of contagion or infection.

It is very easily handled with Eclectic methods and medicines, and if uncomplicated will subside in forty-eight hours, giving no further trouble.

The prevailing treatment here both for curative and prophylactic purposes has been antitoxin, used to the tune of \$7.50 to \$15.00 a shot with all sorts of results. There have been but few fatalities in any wise either from the disease or from the antitoxins, but one thing is pretty well proven, and that is, that where antitoxin has been

used on a person, that individual will have the sore throat either again or for the first time, as the case may be, in from six weeks to three months after being injected with the antitoxin. The people are pretty thoroughly disgusted with the stuff and declare that they never get well after having been injected with it. On the other hand the doctors are delighted with it.

The sequelæ of antitoxin are numerous, chief of which are motor paralysis, eczemas and horrible sores of all sorts breaking out as bullæ and developing into ulcers and running sores. I believe that the antitoxins the other fellows used will make me a couple of thousand dollars in the next six months easily.

It makes a fellow mighty glad that he is an Eclectic when he can step in and handle any sort of disease with clean vegetable medicines in small doses and obtain good results.

About the Blood.

F. G. DE STONE, M.D.

(From a series of lectures delivered by the author.)

As fitting as any is the description given by Claud Bernard: The blood is an internal medium which acts as a "go-between" or medium of exchange for the outer world and the tissues. Into it are poured those substances which have been subjected to the action of the digestive juices, and in the lungs or other respiratory organs it receives oxygen. It thus contains

new substances, but in its passage through the tissues it gives up some of these new substances and receives in exchange certain waste products, e. g., carbon dioxide, urea, are removed from the tissues and brought to the organs which eliminate them, such as the kidneys, lungs, skin, etc., and are thus removed from the body. It is at once a great pabulum-supplying medium

less materials. As the composition of the organs through which the blood flows varies, it follows that its composition must vary in different parts of the circulatory system; and it also varies in the same individual under different circumstances. Still, with slight variations, there are certain general physical, histological and chemical properties which characterize blood as a whole.

The blood varies in color from a bright scarlet red in the arteries to a deep dark bluish red in the veins. The air we breathe being charged with air and electricity, the oxygen gives to the blood its bright red color; both elements are extracted by the tissues as it passes through them, so that by the time it has reached the veins they are almost entirely absent; hence the blood in the veins becomes a dark bluish red.

The coloring matter of the blood is suspended in the form of small particles called blood corpuscles; the particular principle carrying the color being an albuminoid named hæmoglobin.

Now listen, here is a point that is not made very plain in books: this coloring matter which carries the oxygen can be separated from the fluid part of the blood by filtering; by mixing with it anything that will make the corpuscles sticky or rough. Things that make these changes are alkalies, alcohols, acids and sugars. It is found these substances so change the character of these corpuscles that it will adhere to the filter paper; in the body we say that the corpuscles are crenated, a condition found in many diseases.

Persons who live where there is much alkali in the water suffer from disorders of the blood; in fact the taking of soda salts in excess soon leads to changes in the blood, a roughening of the corpuscles, and crippling them so they can no longer carry oxygen, and the victim becomes pale, sallow and sick. Persons who eat excessively of sweets, thus filling the blood with it, have a similar condition in life, for the reason that the office of the liver is to separate the sugar from the products of digestion, and the quantity being too large it fails to do so; sugar shrivels the corpuscles by extracting the water from it. This sugar in the blood calls for an inordinate amount of water, hence the subject is crazed with an insatiable thirst. This is diabetes.

While the blood is normally slightly alkaline, an excess of these salts makes it so much so that it roughens these little carriers of oxygen, hence the foolish idea that has seized the people that if they drink lithia, vichy, poland, shasta and other sodas and mineral waters they can ward off kidney troubles, is prolific of disease.

Now, do you not see how injurious it is to eat highly spiced foods or to use liquors and other narcotics that burn the liver cells? When these cells become hardened, as they surely will if this kind of living is persisted in, then they can no longer remove these salts, acids and sugars from the products of digestion, and they thus escape into the blood, changing its qualities, and in turn causing breaking down of kidney, lungs, spleen or whatever chances to be the weaker organ.

I have often thought that this alkalinity of the blood bore a similar relation to it that the yeast germ or wort does to the making of vinegar; you know the common name for this wort is the "mother." When a barrel of cider has fermented until this white foam is formed, then if one takes some of this and puts it in another cask it will at once ferment without having to wait for days.

This salt in the blood seems to form a sort of basis from which more blood can readily be made. This fact has saved many lives.

I have seen patients suffering from a great loss of blood, from accident or as a result of disease as in hemorrhage of the lungs, when death seemed inevitable, immediately recover upon injecting a six-tenths percent solution of common salt; it seems to furnish a medium in which new corpuscles can be at once generated. This is also the reason that daily enemata of cold saline solution is so beneficial to anæmic persons; aside from the daily cold internal bath and the advantage to them of keeping the colon clear of germ-ladened materials.

There are other salts, however, beside sodium chloride, that are absorbed in the same way. The combination of sodium chloride, phosphate, citrate and sulphate, an ounce of each with one half ounce of calcium chloride, made into a solution with a gallon of water, is unequalled by anything for a vivyfying bath; or in cases of consumption or other wasting disease, a towel or sheet wrung out of the solution and applied strengthens the patient at once.

Medical men and scientists are, within the last few years, awakening to the efficacy of the salts in the economy. Prof. Loeb and his colleagues have succeeded in hatching sea urchin eggs without fertilization by means of salt, and reports are coming in from all over the world of the applications of salts in resuscitating people supposed to have died. This is encouraging, for hydropaths have been using these things for about a hundred years.

Blood has a saltish taste and a peculiar odor; it has a specific gravity of 1056 to 1059 in man and somewhat less in women; the specific gravity falls after hemorrhage and in badly nourished individuals.

Microscopically, blood is seen to contain millions of little disks, called corpuscles; these are of two kinds, white and red. The red are circular bi-concave disks, about 1-3500th of an inch in diameter, and estimating about 13 pounds of blood in an adult, there would be about 33,000,000 of red corpuscles. These are oxygen carriers, and it is said that if they were laid side by side on a flat surface they would cover a space 240 feet square; and as 176 cubic centimeters of blood pass through the lungs every second, this would give a surface exposure of about 39 feet per second.

These little red corpuscles are very soft and flexible, and each is composed of a soft protoplasm, and in this is deposited the albuminoid hæmoglobin, much as a sponge will take up materials and retain them.

The red corpuscles live from three to five weeks, then a strange process is

noted; when they are about to disintegrate they are taken up by the white corpuscles, their brothers in the fluid of the blood, and by the cells of the liver, spleen and red marrow of bone, and they are broken up into an albuminous substance containing iron (we learned in a former talk that the red matter in the corpuscle, the hæmoglobin, contained iron). Part of this material of the broken down red corpuscles is used to make new corpuscles and the rest is secreted in the form of bile by the liver.

When we reflect how rapidly large quantities of blood are replaced after hemorrhage, it is evident that there must be a brisk manufactory somewhere. As to the number of corpuscles that decay daily, there is to a certain extent an index in the coloring of the bile and urine, which results from the liberation of hæmoglobin.

At every turn in the study of this wonderful mechanism we see displayed the intelligence of individual cells, ever strengthening our position in the belief that every cell in the body is an individual ego. Why do the white corpuscles gather in the red when they are about to break up? Why do the liver cells and those of the spleen and red marrow of bone separate its substance at this particular stage? Why do they not attack the healthy ones as well, or at any time? Unless we postulate cell intelligence, we must give the old maid's reason—"just cause."

You remember in the first of this lecture that I told you the blood received from the air oxygen and electricity; I did not tell you any-

thing about the electricity. This is an old theory advanced by John Bovee Dodd sixty years ago, who was ridiculed as unethical and a teacher of disrupting doctrines. But it is now receiving the sanction of the weak in high places, and is being looked upon as a plausable and probable factor in the creation of nerve force.

Dodd claimed that electricity and nerve force are one and the same. He held that the lungs were the positive pole and the blood negative. The air entered the lungs charged with electricity, and there came in touch with the red corpuscles of the blood; these red corpuscles contained in the hæmoglobin iron enough to attract the electricity, which was thus stored up and carried into the arteries all over the system. He stated in support of his argument that the arteries were all plentifully supplied with nerves and the veins were not; that this arrangement was that these nerves might receive the electricity and carry it to the brain to be used as the mind should direct. This theory has caused many bitter fights among the so-called scientists, as to whether nerve force is electricity or not, but I believe that the consensus of opinion is at present that electricity is the force.

[&]quot;Pa! Is a vessel a boat?"

[&]quot;Yes."

[&]quot;Pa!"

[&]quot;Well, what is it?"

[&]quot;What kind of a boat is a blood vessel?"

[&]quot;It's a life boat, my son; now run away and play."--Philadelphia Telegraph.

Nutrition in Tuberculosis.

BY JOHN P. SAWYER, M. D., CLEVELAND.

Read before the Academy of Medicine of Cleveland, March 17, 1905.

THE modern treatment of tuberculosis requires for every individual fresh air and sunlight, good food and rest. Drugs have a secondary place, important in some cases, helpful in many and quite unnecessary in a large number.

Rest is of great value, particularly when there is elevation of temperature, for the existence of fever forbids exercise.

When exercise is permissible and desirable it must be absolutely controlled by the physician, that the individual may do himself no harm from overdoing, and by such excess of exercise, through which muscular strength is sought, produce a destruction of gain otherwise made.

But every tubercular patient must be fed. Out of the food stuffs which he consumes is to be made the blood which serves to nourish every cell in the body, and from which alone the latent energy can be made accessible to muscle and nerve and gland, for the chemical changes which are the very essence of their physiologic action.

The kind of food which shall be chosen is of great importance, but before considering this it is well to recall the fact that fatigue and nervous excitement are capable of seriously interfering with the digestion of healthy people and they are factors of all the greater importance in the same people

when the process of consumption has begun.

Rest, which is so strongly insisted upon because of its other advantages has, therefore, its pecular advantage in nutrition, in that it provides the condition for the best digestion of which a given digestive apparatus is capable.

The food which is to be administered to the tubercular patient is to be chosen with reference to supplying the needs of the body for its ordinary maintainence plus the need which results from the increased destruction which is a part of the direct results of the disease.

Loss of flesh or emaciation is pronouncedly a symptom of tuberculosis as well as other wasting diseases, but we must think of food-stuffs supplied through the blood not in separate portions, of which one shall go to the tubercular process, but think all nutriment successfully used by the patient must go to the nourishment of his cells, for they, when well fed, are more able to combat the wasting and the tissue destruction which is a typical process of this disorder; and a cure depends upon vitality of well-fed cells.

The measures by which the amount of food needed by the body is determined, are matters of careful physiologic study, on man and animals, with exhaustive laboratory research. While various investigators differ in small proportions, the well established and accepted basis

of computation, all require that foods capable of yielding about 2,500 calories or heat units are needed to make good the ordinary waste of the healthy body, and suffice in many cases to feed the patient successfully when once tuberculosis has begun. In some cases a little more is wanted and we may safely reckon that from 2,500 to 3,000 calories are the heat units to be obtained. To secure this, food stuffs may be taken which have definite heat values.

An egg furnishes 70 calories, a quart of milk 600, and an ounce of chocolate about 130 calories. While these are average figures, they illustrate the manner in which the quantity of food which each patient should consume may be reckoned when dealing with a disease whose course is not for days or weeks but over months and years. Unfortunately the choice of foods is more complicated than to figure out how many unites such a weight of this or that food represents and take enough of it to make up the three thousand units desired.

Digestive systems differ very decidedly and a food which is very suitable for one person is wholly unsuitable for another. That the patient has tuberbulosis does not mean that he should have a food specially for the tuberculosis, but that there is all the more reason for choosing a food-stuff which shall be suited to his present digestive capacity.

Good food, and excellent in many particulars, may not be good food for a given person. We need only think how wasteful it is to burn soft coal in a hard coal furnace, or vice versa, each

fuel being excellent in a suitable grate and draft, to see how reasonable is the variation thus demanded. The colors of certain fabrics may be fast colors, fashionable colors, or even beautiful colors, and be unsuited to certain individuals, while on others the full charm of fitness is realized. Individuality is as marked in digestive problems as in dress making.

This arises from the complexity of the disorders of the stomach and other portions of the digestive tract.

The stomach may secrete a gastric juice which is exactly normal in its composition and the muscular power of the stomach may be so correct that any taste or desire of the patient may be gratified without sacrificing any interest; and the very fact of its abundant variety will be of positive advantage.

When this normal digestive function of the stomach is determined a most favorable consideration exists in the outlook for the possible cure.

When, however, a stomach muscle is weakened so that food-stuffs are not properly manipulated within the stomach and not rapidly enough passed to the next phase of digestion occurring in the bowel, there is a more or less unfavorable factor introduced. The amount of food which such a stomach can take at a given time is less, whether it be beef steak, milk or corn starch.

A weakened man must not be called upon to do a day's work of full vigor, nor must a weakened member be called upon to perform a task which measures the capacity of the normal. Bulk and weight of food must be rightly presented.

But aside from the question of muscular power of the stomach are the questions of condition and activity of the mucous membrane. Here is secreted a juice which in normal condition has a definite proportion of a special acid and also ferments which have a great rolè to play in the process of digestion.

This membrane is frequently the seat of serious change, and the composition of its secretion is correspondingly altered.

Digestion of meats is best performed in the presence of the hydrochloric acid secreted by the stomach in normal proportions.

In a large number of people this proportion of acid is diminished or may be wholly absent, and in these people the digestion of meats within the stomach is very imperfectly per-A part which the stomach should play is left undone and must be taken up by the later digestion in the bowel. This is more apt to fail when the patient is tubercular because of the added infection, and in such patients the supply of meat-stuff must be regulated that the individual may not suffer from a quantity of a perfectly good food too great for his digestive system to care for.

Similarly a great number of people show a secretion of acid which is excessive. These patients with their excessive secretion of acid will handle meat stuff better because the acid has an affinity for the albumins, whether vegestable or animal, and as these combine with the acid we secure thus a considerable advantage from the feeding of meats to the hyperacid stomach. But

what is gained thus in the better digestion of meats may be partially lost in the digestion of starches, for food-stuff of this kind is in part digested in the stomach only by the action of the saliva which should be thoroughly mixed with the food before it is swallowed. Under normal conditions the salivary digestion in the stomach is checked within a few minutes by the secretion of the acid and it has no chance to continue even for this normally short time when the stomach secretion is excessive in this respect.

Moreover, in the tubercular patient the salivary ferment is apt to be deficient because of the infection and because of the fever, when this exists. Hence, food-stuffs which are most valuable in one group of cases are of comparatively less value in the other group of cases.

No such difficulty exists in the case of fats, but their use is otherwise limited. Fats and oils supply heat units in large proportions for their bulk.

It is known that proteids and meat stuffs of given weight supply 4.1 units of heat, starches and sugars or carbohydrates supply 4.1 units of heat for the same weight, while oils and fats supply 9 units of heat. Fats and oils are therefore most valuable as concentrated means of adding heat units to the food consumed. But while life may be barely sustained for long periods of time under exceptional conditions on one of these classes of food-stuffs, for all practical purposes we must reckon that the mixed diet is to be supplied, and it is found by experience that the statement may be generally made that patients do the best in whose diet all classes of foods are represented.

Usually the attempt is made to get around this difficulty of an uncertain amount of acid and an uncertain activity of the ferments by supplying food of simplest composition embracing the various classes which have been indicated. Milk and eggs consequently have obtained a widespread reputation in the treatment of tuberculosis and for these reasons generally that the albumin of the egg is in a state which produces little tax upon the digestive apparatus, the yolk contains considerable fat which is most desirable; and in milk the cream is the fat of great value, while the casin or cheesy material of milk is a meat stuff easily digested and the sugar of milk supplies considerable carbohydrates for the body needs, and salts are present in most suitable proportions.

To secure enough milk of good average composition, one would need to give four or five quarts per day. Forty eggs per day would be required to give the heat units indicated. The needful quantities are thus very bulky, and it becomes highly important to add the more concentrated nutriment of flesh or vegetable. By so doing the necessary units are obtained for the body needs without taxing the stomach muscle which is apt to be weakened and thus become a source of pain and digestive distress complicating the patient's condition.

Individuals are intolerant of milk for various reasons and in practice three pints to two quarts represent the amount which is usually able to be given without detriment. It is some times impure and may in this fashion increase the existing disturbances. Modification of milk successfully accomplished renders less likely this unpleasant development.

Particulars need not be dwelt upon here but emphasis should be laid upon the value of cream and butter to supply calories in most favorable form for ready use to the patient who needs them so much. Artificial preparation of food-stuffs are able to bridge over difficulties in the course of correction, and meat powders like Somatose and Roborat, and beef juice are of great value. Eggs add much to the variety and when properly prepared are usually easily digested but all who have much to do with the treatment of the digestive organs are often astonished to find in some patients the comparatively slow progress of digestion of even softly cooked white of eggs four or five hours after the meal.

The reduction of food-stuffs of all varieties to the finest particles and their consumption in the form of puree, of which bean and pea soups, and mashed potato and croquettes serve as types is a procedure which is most apt to supply the necessary nutriment and avoid ill results in catarrhal and nervous or muscularly weak stomachs. In such cases we should particularly avoid the use of much raw fruits and green vegetables not so reduced in form because of their abundant cellulose which is particularly indigestible, and because its resistance to digestion fatigues a weak muscle and irritates a sensitive membrane. Honey is a most valuable form of concentrated nutriment, a table-spoonful of strained honey representing 75 calories, fully equal to an egg under most favorable conditions. Chocolate and cocoa made with milk have high value as they are fats very easily emulsified.

In few cases is there need for the use of the ferments like pepsin or pancreatin by which we vicariously substitute some other digestion for that of the patient's.

Because salivary secretion in these patients is often deficient the addition of a Malt Extract is much more often in place.

But when we have calculated accurately a sufficient supply of food and have chosen it carefully with reference to the capacity of the stomach muscle and the varying activity of the stomach secretion, we have still to reckon with a much more difficult proposition in a great number of cases.

There are no individuals who need good cooks so much as the tubercular patient and the inability to secure good cooking is enough to defeat the best planned diet list that can possibly be constructed.

No matter how much the patient may rest himself and in every other respect conform to all the requirements, the cooking which is served to many invalids is destructive in advance of any favorable digestion, and is enough to make well men ill, to say nothing of preventing ill men from getting well.

Diffusion of skill in wholesome cooking is an end to be sought, not alone because of the pleasure afforded the palate, but because through it there is

hope of recovery for many who are practically starving in the midst of plenty. This may seem an overstatement, but the continued loss of a considerable percent of a well-constructed diet in this disorder too often defeats every other well considered procedure.

The application of excessive heat and the vicious use of seasoning in food often inflict serious injury upon delicate membranes whose best performance is none too much to assist the individual out of his weakened state.

These considerations gain additional importance when we reflect that many people owe to the foregoing dyspepsia the lowered vitality which made possible the successful tubercular infection. While we plead for good tenements, while we strive to control the infection of air and dust and demand the destruction of all sputum of all infected people in a community, let us bear in mind that people not yet infected, and people in whom infection has occurred but is held in check by present physical vigor, need from every etiological consideration of tuberculosis painstaking care of the digestive system; and for this purpose good cooks are better than druggists.

Observation teaches us that many invalids develop tuberculosis after a period of gastro-intestinal disorder, and while we teach the efficient measures of good hygiene for the tubercular patient, let us none the less insist upon a good digestion for the otherwise favorably situated person to protect against a successful inoculation, to which all are more or less exposed. Digestion should be painstakingly cared

for during convalescence from any acute illness.

Of this phase of the tubercular problem enough has been made, for if with good air, rest, hydrotherapy, and good food, we may hope in a large percentage of cases to overcome an infection already established, how much more efficient it is to protect the uninfected from the inroads upon their strength which shall at last in a great number of cases make successful infection possible.

In a few other disorders does the intelligent care of the digestive tract work more for the benefit of a remote process than in tuberculosis, and surely the actual numbers who might be benefited in this way are vastly greater in the large number of tubercular patients in a community, than in any other class of patients. A stream never rises higher than the source of its supply, and blood-making organs never furnish a better plasma than the gastro-intestinal mucosa and masculature permit, for the well-spring of the human energy is food-stuff converted through initial aid into plasma.

It matters not how many calories of food-stuff are taken from plate or glass, unless these can pass the barrier of the mucous membrane they can never undergo elaboration nor reach assimilation. It would seem that no part of the treatment of tuberculosis is there a greater field for the exercise of good judgment than in the dietetic regime which should be instituted and changed with the changing conditions of the patient.

Rest and open air and destruction of sputum are not difficult to arrange

but judgment in feeding is not always shown and cannot be made a routine.

The tubercular infection tends to emaciation and we have learned in practice to put gain in weight as an indication of oncoming relief from the tubercular process. This emphasizes the importance of every effort to overcome the deficit; for these measures lead not only toward symptomatic relief but are in themselves curative as they increase resistance. It is hardly necessary to state that little or no digestive disturbance is shown by many tubercular patients, but emphasis may well be laid upon the importance of the study of the digestion as a prophylactic and curative measure in a great number of cases.

And while agreeing fully to the proposition that in many, no particular gain will result from these and similar considerations, yet in a surprisingly large number much that is now lost might be gained.—The Cleveland Med. Journal.

The doctor got out his instruments and the patient watched him interestedly.

"Doctor," said the injured man finally, with a whimiscal smile, "don't you think this is a case for absent treatment?"—Chicago Post.

Visitor (to widow): I am so sorry to hear of the sudden death of your husband. Did they hold a post-mortem examination?

"Yes, and like those doctors, they did not hold it until he was dead, or they might have saved his life."—Ex.

Case of Tonsillar Tuberculosis.

BY C. S. MEANS, B. S., M. D.

ON December 14th, Dr. K. came to my office giving history as follows: hemorrhages, fever, nightsweats, loss of appetite, rapid loss of flesh, great languor and general depression.

His age is 29 years. Graduated in 1898. Since then has had a very large country practice, necessitating a great amount of work and loss of rest.

In October, 1904, he began to lack ambition, appetite was poor, losing weight, could not do the work that he formerly did without getting very tired. About last of October began to have gagging and coughing spells, especially in the morning when rising. It seemed as though there was something in his throat that would make him cough. This was soon followed by hemorrhages. Each time he would retch or cough the sputum would be streaked with blood, usually dark and clotted, but this gradually grew worse and hemorrhage became more profuse and the blood of a lighter color. Nightsweats began to appear, his temperature in the afternoon ran along about 99.5, chills, usually worse at night. The nightsweats increased in severity until they were He would rise in the mornprofuse. ing with excessive coughing and after his coughing spell was over he was unable to eat any breakfast or scarcely able to get around on account of extreme weakness. On December 12th his temperature was running 103 5 and was confined to his bed for three days.

Appetite was poor and sweats profuse. After this he could bring blood at any time he would clear his throat or cough. He would also be awakened from his sleep by a choking sensation and rattling in the throat. Then he would cough and expel considerable amount of blood. This would always give him relief. He had lost fifteen pounds in weight. He is a man six feet high and weighs from 175 to 180 pounds; has excellent family history, he being one of nine children, all living. Father and mother well.

He was treated with various remedies by his fellow practitioners in the town in which he was located, took immense quantities of quinine, thinking it was malaria, but he was gradually growing worse and felt that he was doomed to die unless this could be stopped very shortly.

He came to my office December 14th. I immediately had his lungs examined by Drs. D. N. Kinsman and W. J. Means. They both reported negative. Nothing to be found in his lungs. Bacteriological examination negative. I then examined his throat and found throat normal except a large Luschka's or third tonsil with small clots of blood at several points over its surface, no breaking down or ulcerations. The tonsil was just about the same in its general appearance as we find in many throats, yet from his history and from these points of hemorrhage, I ex-

plained to him that it was worth while at least to remove a portion of this tonsil and have it examined by the bacteriologist. December 15, under cocain anesthesia, I removed a portion of this tonsil with a curette. It being so painful to him in his weakened condition he was wholly unable to stand a complete removal. However, the portion I did remove was examined by Dr. Scott, who found numerous tubercle bacilli present in the section of tissue examined. None had been found in the sputum before. No test on the animal was made because too much time would be consumed before the result would be found. I ordered him treated with gargles or antiseptic throat wash and an application of 10 percent argyrol to the diseased points.

He returned home the next day and as he put it, felt greatly relieved from the operation that I did. His temperature dropped to almost normal, his appetite increased and he was generally in a very much improved condition. I explained to him that if this was really the seat of trouble, it was imperative that he should return and have a complete removal of the diseased tissue. This he did. December 29, under general anesthetic, I removed the remainder of the adenoid tissue.

He has never had a rise in temperature above 99 since three days after the removal. I have had a daily record of his temperature since that time until January 20, when he felt so well that he said there was no use in taking his temperature any more, that he had never found it above 99 for weeks. He has regained all the flesh he lost and says he is feeling better than he has for years. A letter from him February 20 states "he is well and no symptoms of any trouble and has regained his normal weight."

I appreciate that this is too short a time to say we have made a perfect cure, but I reported it for two reasons, first, that it is a very interesting case to me; second, that I believe it proves that we have more cases of localized tuberculosis in the tonsils than is generally discovered.

In all the literature that I have been able to find I have seen but one case resembling this one and it was reported cured.

If we can discover the primary lesion of tuberculosis in the throat as this was discovered I believe a great majority of our cases can be cured before the lungs become affected, and therefore lower the mortality in this dread disease.—

Columbus Medical Journal.

Should the Uterus be Removed in Case of Pyosalpinx of Both Tubes.

D. MACLEAN, M. D.

THIS is a question that cannot be answered by yes or no. Authorities differ. Some advocate in all cases the removal of the uterus, while others

would limit the removal to a diseased condition of the organ itself. With the latter I am inclined to agree, and can see no necessity for doing something in order to prevent something that might occur in the future. Were the uterus removed the woman would be free from all the diseases to which it is liable, yet that would be only a shallow excuse.

A diseased condition, or a danger of infection from an exposed focus after removing the adnexa might be a justifiable excuse by the surgeon to make a radical operation. However, under conservative procedures, not more than fifty percent of tubes should be removed. In more than fifty percent of cases the pus found in the tubes is sterile. In such cases there would be no necessity for removal of the uterus unless the organ itself was diseased.

On the other hand if the history of the case presumed gonococcus infection the removal of the uterus with adnexa might be justifiable. The cause of pyosalpinx is not always from microorganisms; congestions and pressure from various causes produce inflammation and the formation of pus. Those cases, as a rule, do not involve the uterus sufficiently to require its removal.

There are various reasons why the uterus should not be removed, from anatomical, moral, and mental standpoints. The uterus holds the other pelvic organs in position, and its removal weakens the floor of the pelvis, frequently followed by cystocele, entrocele and rectocele; but more than that, atrophy of the vagina ensues precluding sexual indulgence which might be of importance to the younger women.

The moral and mental effect is unfavorable. No woman feels that she

should be inferior to other women. That she should be incompetent for the duties of a wife. A train of nervous conditions is the result, ending in unhappiness and discomfort to more than one.

Treatment of Obesity by a Milk Diet.

Le Menant (Jour. de Med.) communicated to the Society de Medecine the results obtained by him in the treatment of two cases of obesity by a reduced The treatment consisted milk diet. simply in directing the patients to take nothing but milk, drinking as little as possible. In five weeks one patient lost twenty-one pounds, and a second sixteen pounds. In fifteen years which have elapsed the writer has treated about thirty cases by this method, with results highly satisfactory. Commonly the amount of milk ingested each day is one and a half liters, taken in small quantities, ordinarily unboiled and cold, with the exception of the morning, when the milk may be taken hot, but without bread. The milk diet is ordinarily continued from four to nine weeks, after which the mid-day meal is taken, but the milk is continued in place of supper. Every week the patient is weighed after he returns to an ordinary diet, and if there is a marked augmentation in the weight, the milk diet is resumed for a week or more. In this way he gradually reaches a weight at which he remains stationary. The loss in the first week is commonly from two to twelve pounds, the average case being from four to five pounds. The treatment is better borne in summer than in winter. Constipation is not an unfrequent complication. —The Med. Times.

NORMAL TINCTURES

THEIR EVOLUTION AND MANUFACTURE

In 1870 the late William S. Merrell, A. M., M. D., gave to Professor John M. Scudder the pharmaceutical data contained in his book called Specific Medication. At that time the fluid medicines of the Eclectic school were known as Essential Tinctures—preparations which were certainly in advance of the times. Gradually, from this beginning, the ethical and scientifically correct Normal Tinctures were developed. (In designating these preparations Normal Tinctures we followed the nomenclature expressed in the work called "Digest of Materia Medica and Pharmacy," by Albert Merrell, M. D., formerly Professor of Materia Medica and Pharmacy in the American Medical College of St. Louis, Mo. This book was officially adopted by the National Eclectic Medical Association, June 17, 1885.)

The unit of strength is termed "Normal," the letter "N" being used for its abbreviation. A tincture which represents the drug from which it is made, minim for grain, would thus be a "normal" tincture, and its strength expressed by the symbol $\frac{N}{1}$. A tincture one-half the strength of the drug from which it is made, i. e., two minims of the tincture equaling one grain of the crude drug would be expressed by the symbol $\frac{N}{2}$, and so through the list. The simplicity and exactness of this method is at once apparent.

Upon each label is expressed the relation which the finished Normal Tincture bears to the crude drug from which it is obtained. PURITY, CLEAN-LINESS and EFFICIENCY are their leading characteristics. A trial in practice will convince any observant medical man that they stand pre-eminent in all those qualities so essential to the success of the physician. The labels are especially designed to aid physicians in prescribing according to specific indications. The dose, frequency of administration and direct indications are upon each bottle. However, the dose of a remedy, within certain limits, and the frequency of its administration are often questions which the physicians must decide according to his judgment and experience.

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CALIFORNIA MEDICAL JOURNAL,

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Editorials.

Law and Justice.

Law is supposed to be founded on Justice, and it is the boast of Jurisprudence that for every wrong there is a remedy. The layman can hardly see matters in that light. The theory may be right, but the practice is far from satisfactory.

The Supreme Court of the land not long ago decided that it could not go behind the decision of an immigration agent excluding a native born citizen from his native land. Our own Superior Court has decided that it cannot go behind the acts of the medical board of examiners, though its decision be founded on fraud. These are startling decisions to the thoughtful. It is true that in the one case it referred to native American born of Chinese parents. The same, however, can apply to a native born whose ancestors arrived in this country on the May-

flower. The Board of Examiners being a ministerial body common sense or a layman's sense would conclude that its acts were subject to review by the Courts. The board seems to have legislative authority, or assumes to have such authority.

The board has authority to "adopt such rules as may be necessary to enable it to carry into effect the provisions of this act."

Is that a legislative power? If it is not where is the power to say what percentage an applicant for license shall pass? The law is silent on the question. "Examinations in each subject shall consist of ten questions, answers to which shall be marked upon a scale of one to ten."

Since the organization of the board it never has been a legal body. Alternates have usurped the duties of regular appointees. Members are annually appointed regardless of the provisions of the law, yet we are told there is no going behind the returns. Surely certain wrongs have no remedy.

Discord.

Dogs like to bark and bite, for it is their nature; but why should intelligent men dispute about trifles? The different creeds in religion, each and all are striving and directing the way to mansions not made by hands, yet they fall not on each other's necks, but belabor each other without consideration or respect.

In medicine the same shameless conditions exist. Each school is sufficient to itself. If you can't do as I tell you you cannot play in my back yard. I am the great I am, and there are none others. The fight of religious creeds and different schools of medicine is bad enough, but when denominations fight within their own membership, and medical schools within their own ranks, the spectacle is sufficient to make men and angels weep. Did you ever traduce your brother?

The medical schools are wasting energy in traducing one another, and the members of the different schools are not in harmony among themselves.

The Journal does not believe in the amalgamation of all schools, but believes that all should pursue investigations and studies along different lines of thought in harmony; each profiting by advances made, and bringing medicine to a higher state of perfection.

The practice of medicine does not altogether rest on micro-organisms, though the great tendency is toward anti-serums. There are many conditions which can be corrected by other means. For malaria, before the plasamodism was discovered, quinine was found to

be a curative agent, and it is possible that many of our vegetable remedies are antidotes to many of the toxins of bacteriological products.

When we find men quarreling with schools or within their own schools, we feel like the late General Butler, "shoofly, don't bother me now."

The College Graduation.

On Wednesday evening, May 17th, the California Medical College held its Twenty-Seventh Annual Commencement Exercises at Lyric Hall. A large and enthusiatic audience greeted the newly fledged doctors and wished them God speed on their mission of healing. The members of the graduating class were: G. H. Greenwell, N. B. Hascall, M. Holcomb-Mills, F. Harrison, E. Harrison, T. Bendorf, F. Leix, A. S. Hickox, H. G. Schaumloffel, W. S. Cheeney, L. B. McPike.

The following is the program of the evening:

Professor Henry M. Owens, Master of Ceremonies

March - Blum's Orchestra Overture - Blum's Orchestra Faculty March Blum's Orchestra

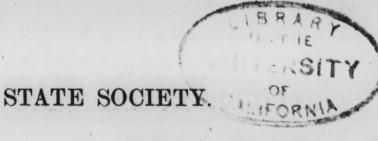
Invocation - Rev. Frank Stuart Ford Selection - Alcazar Quartette

Conferring of Degrees by D. Maclean,

M. D., President and Dean Selection - Alcazar Quartette

Address - Rev. Frank Stuart Ford

After the formal exercises the graduates and their friends danced until midnight.



The State Sotciey.

The Thirty-second Annual meeting of the Eclectic Medical Society of California was called to order at 11 a.m. May 23rd, Dr. W. A. Harvey in the chair.

The minutes of the previous meeting were read and approved; and the reports of the different committees presented and accepted. The President appointed following committees:

Drs. Welbourn and Vandre to act with Dr. Perce on the Auditing com-Drs. Gere, Fay and Munk, Necrology committee, and Dr. Schirman to act on Board of Censors in the absence of Dr. Clough.

Applications for membership were received from Dr. Fred D. Wibley of Santa Rosa, a graduate of Medical Department of University of Florida, and recommended by Dr. Pierce of Sebastopol, and Dr. Stetson of Oakland, and from Dr. G. H. Greenwell.

These were referred to the Board of Censors. The meeting was now adjourned to meet at 1.30 p. m.

Afternoon session. — Meeting was called to order by Dr. Harvey. The applications of Dr. Wibley and Dr. Greenwell having been passed by the Board of Censors, they were duly elected to membership.

The President, Dr. W. A. Harvey, then delivered a most able address in which he reviewed the progress of Eclectic medicine in California during the past year.

A motion was made by Dr. Mitchell, seconded by Dr. Gere, that the president preside during the course of

throughout the meeting .sections Carried.

The first paper to read was by A. J. Crance of Pasadena, and entitled, Acne. Owing to the absence of the writer it was read by Dr. J. B. Mitchell of San Francisco. It proved most interesting and the discussion led to many valuable suggestions as to the management of this very troublesome condition.

The next paper was Salol, by Dr. J. The author described in B. Mitchell. detail the conditions in which this remedy is indicated, and the best form of administration.

The discussion led to the manner of administering it to children. Dr. Vandre stating that he gave it in the form of a mucilage. Dr. Mitchell stated that it was his practice to give it to the little folks with oil in food.

Dr. Gere now gave a very interesting talk on Plastic Surgery, and told how to make over everything from webbed toes to pug noses.

The members of the society seemed most interested in the prevention of scars after plastic operations about the head and face; and questioned Dr. Gere as to his method of suturing and dressing the wound. The doctor stated that he used fine iron dyed silk, placed the sutures very close together and removed them at the earliest possible moment.

Henry M. Owens, Professor of Jurisprudence at the California Medical College now read a paper—Physicians, Persons, Contracts and Wills. It embodied much useful information to the physician who might be called upon to advise and assist in the making of a last will and testament, and also gave many hints for the protection of the doctor. Mr. Owens answered many questions put by the members, who seemed to appreciate the opportunity to obtain legal advice.

Dr. J. T. Farrar of Berkeley next presented Two Peculiar Cases. They proved productive of much debate, and many experiences as to the vagaries of bullets were related; the general opinion being that they could often be left alone if there were no distressing symptoms.

The meeting was now adjourned to meet Wednesday evening at 7.30.

Wednesday morning was devoted to attendance at the City and County Hospital. Drs. Clark and Mitchell performed a perineorraphy, and Dr. Hunsaker held an ophthalmological clinic. The afternoon was devoted to recreation; the members being guests of the San Francisco County Society. They were taken on a special car around the city and to Cliff House, returning to an excellent dinner at the Pup.

The evening section was opened by the reading of Dr. Schirman's paper, "The Diagnosis of Nervous Diseases," which was accorded earnest attention. In the discussion which followed, the nervous reflexes were dwelt upon especially by Dr. Munk of Los Angeles. The hope was expressed that Dr. Schirman would follow up his work with a series of papers and publish them in the California Medical Journal. The paper which followed Dr. Schirman's proved one of the most interesting of the entire session. It was "Appendicitis, complicating Uterine Fibroids," by Dr. O. C. Welbourn of Los Angeles. The society was impressed both by Dr. Welbourn's handling of a very unusual and serious condition, and by his brilliant and forceful presentation of the case.

Dr. Welbourn advocates the early removal of fibroids, without waiting for further developments, and as some of the members were inclined to leave matters alone if there were serious disturbances of health; the discussion proved very animated. Many advocated galvanism, but others admitted it a failure in their hands. Attention was called to reports on the benefits of pregnancy and especially lactation in such cases.

The meeting then adjourned to meet Thursday, at 10 a. m.

Thursday morning Dr. W. A. Harvey performed an operation at the Balboa, 1408 McAllister St., which many members attended.

The meeting was called to order by Dr. Hunsaker, Dr. Harvey being absent. Dr. J. C. Bainbridge of Santa Barbara now read a very comprehensive and well considered paper on Tuberculosis of the Throat. This condition was presented as a complication of pulmonary tuberculosis, seldom arising as a primary condition. The doctor devoted considerable time to the pathology of such cases and then dwelt at length on differential diagnosis. The treatment was mostly palliative, any improvement being dependant upon the general health. The discussion of Dr. Bambridge's paper occupied the rest of the morning, and soon led to the consideration of general tuberculosis. Dr. Perce put in a good word for Southern California as the ideal place for consumptives. Suggestions were offered as to various local applications and the discussion concluded with an earnest expression of the importance of early diagnosis.

Thursday afternoon, the meeting being called to order, Dr. Atkins spoke briefly as to his work in the study of the life forces during the past year. He was followed by Dr. Clark with a minute study of the Blood Corpuscles and covered his subject so thoroughly that there was nothing left for the society but to express its gratification at hearing such an admirable paper.

Dr. R. L. Logan gave an account of his year's work with the X-Ray, describing his cases in detail together with the tubes used, the distance from diseased area and length of exposure. He reported himself as pleased with the success with which he had met. In discussing this paper Dr. Perce spoke of the value of the X-Ray in tuberculosis.

Dr. Bambridge said he had used it and found it gave relief from cough and night sweats.

Dr. Logan stated that improvement in such cases was due to ozone generated around the machine.

Dr. Vandre read a little paper on the Progress of Eclecticism, and was followed by Dr. Bailey who had prepared an elaborate paper on the New Chemic Theory. The time being short, the doctor presented the salient points of his subject. There was general regret at not hearing the paper in full and the publication of the article was urged, in order that the members might read and profit.

The last paper to be read was "The Tonsil," by Dr. Hunsaker. He spoke of the various diseased conditions found and the best way of combating them.

All the papers having been presented the society now considered two more applicants who were duly elected. Dr. Minnie Iland and Dr. Law Keem.

A resolution was now presented by Drs. Hunsaker and Petersen, in which the necessity for closer organization was urged, and requesting that the society urge the use of the word Eclectic by all physicians, colleges and public caterers of our school, and directing the secretary to communicate directly with all eclectic physicians with a view to impressing upon them the need for a greater unity.

The resolution was carried.

The election of officers then proceeded resulting as follows—

President: Dr. H. W. Hunsaker, San Francisco.

First Vice-President: Dr. J. T. Farrar, Berkeley.

Second Vice-President: Dr. F. J. Petersen, Los Olivos.

Recording Secretary: Dr. B. Stetson, Oakland.

Corresponding Sec'y.: Dr. G. Greenwell, San Francisco.

Treasurer: Dr. H. Vandre, San Francisco.

Board of Censors: Drs. Perce, Gere, Schirman.

Board of Examiners: Dr. J. B. Mitchell, San Francisco; Dr. J. C. Bambridge, Santa Barbara.

Alternates: Dr. W. A. Harvey, Dr. Chas. Clark.

San Francisco was appointed as the next place of meeting.

The new officers were now installed, and after giving three cheers and a tiger for the retiring president, Dr. W. A. Harvey, the meeting adjourned until next May.

The members of the State Society attended the Tivoli in a body Thursday evening, May 25th.

Editorial Notes.

Dr. W. A. Harvey has desired the Journal to express to the Society his gratification for its expression of kindly feeling toward himself. So genuine and spotaneous a manifestation of good will is not granted to everyone, but we ourselves think he received only a well merited compliment.

Dr. G. E. Hall of Palo Alto, ran up Wednesday afternoon and staid for the evening session.

Dr. Mason of Lodi looked in for a time Thursday morning.

The members are rejoicing in samples of Normal Tinctures distributed by Mr. Hudson, of Wm. S. Merrell & Co.

We were pleased to see Dr. Schmeidel, of Hodson, on hand Thursday.

Dr. Fay of Sacramento, as usual contributed much to the success of the meeting by his active part in the discussions.

Dr. F. J. Petersen has written a book on Materia Medica. It is at present in the hands of the publishers and we may soon welcome a valuable addition to Eclectic literature.

Battle & Co. have issued a little pamphlet on Diabetes with special reference to the use of papine in these cases. It is both interesting and instructive.

The National.

We wish to again remind you that our meeting will be held at Saratoga, June 27th, 28th and 29th.

A rate of one and one-third for the round trip has been secured. To obtain this rate you must secure a certificate from the agent when buying your ticket. Do not accept a receipt but insist on a regular printed form certificate. It were well that you see your local agent in advance so that you may be sure he has them on hand when needed. On arrival at Saratoga these certificates must be handed to me with 25 cents (the required fee for the railroad agent who will be in attendance the last day) and after 100 have been received, will be signed and returned to you, and will entitle you to a return ticket over the route traveled for onethird the full fare. Upon investigation I find that the total number in attendance from all association territory must be one hundred. Tickets may be purchased within four days preceding the first day of meeting unless distance traveled necessitates more time to reach Saratoga. Return tickets must be purchased within three days following the last day of the convention.

H. H. Helbing, Cor. Sec'y RELEASED FOR Publication, May 15, 1905

NATIONAL ASSOCIATED MEDICAL PRESS.

SPECIAL NEWS ITEM.

The New York Post Graduate Medical School has just inaugurated a separate and distinct department to be known as a School of Anatomy.

This most important branch of medical science will henceforth be handled elaborately and with detail in all its branches. The managers of the Post Graduate School have long believed that insufficient attention is generally given to Anatomy and have awaited the psychological hour for this new departure. A separate building has been secured for the work, adjoining the established school and hospital buildings. Dr. Neil MacPhatter the former Adjunct Professor of Surgery, has been placed in full charge. A representative of the Associated Medical Press interviewed Dr. D. B. St. John Roosa, President of the New York Post Graduate School, who gave out the following statement:

"Our Institution has finally achieved its long desired object in the establishment of a separate School of Anatomy, where doctors may obtain special instruction in this branch of medical science.

The School has been separately endowed and will be given fullest facilities for study of Anatomy in any or all of its departments.

Heretofore, doctors, when desiring to make a special study of Anatomical subjects, have been obliged to attend under graduate colleges which are generally very much overcrowded. Physicians and surgeons prefer to carry on their advanced work in a post graduate school. It is our ambition to establish in this country a school similar to the great School of Anatomy in Edinburgh.

Dr. Neil MacPhatter has been placed at the head of this department and will have five competent assistants to aid him in this work."

Reviews and Extracts.

Etherization.

To the conscientious surgeon, the selection of the anesthetic is always a very important and somewhat perplexing question. As a general anesthetic, chloroform has been the more extensively employed because it could be readily administered, and at all times. Its one great objection lies in the fact that it is a cardiac depressant, hence more dangerous than ether. In some cases, however, such as, in excisions of the larynx, aged persons, and children, it has been regarded as preferable—in the former instance it would be very difficult indeed to administer ether.

Ether is undoubtedly a safer anesthetic than chloroform, but is more irritating to mucous surfaces and requires more time for administration. It is quite probable, however, that many of the objectionable features are due to the faulty technic of administration. The inhalers usually employed prevent

the ingress of oxygen-laden air, thus necessitating the inhalation of air heavily charged with the vapor of ether, and carbon-dioxid and other impurities. Some inhalers are to be absolutely condemned. When we carefully consider the subject, we wonder why the patient don't struggle more.

Very recently our attention has been called to a very ingenious and efficacious method of etherization that seems to closely approach the ideal, and which may be succinctly described as follows: Over a common chloroform inhaler is placed several layers of plain gauze; protect the patient's eyes by means of pads of cotton since anesthesia causes the lids to open; cut two small grooves the entire length of the cork accompanying the can of ether; in one of the grooves place a small piece of cotton, then by proper application and tilting of the can it is possible to permit the ether to escape at the rate of eighty drops per minute; place the inhaler over the patient's face and direct him to breathe slowly and regularly through his nostrils; it may be necessary to place a partially folded towel about the patient's chin and over the lower part of the mask, thus increasing the absorption of the anesthetic; gradually, and usually quietly, the patient passes off into a quiet sleep devoid of the usual stormy manifestations of ether anesthesia; pulse remains strong and regular and the respiration deep and satisfactory. Just as soon as the patient loses consciousness, it may be advisable to remove the additional gauze from the mask; the ether is then dropped directly on the gauze of the inhaler. Of

course, this so-called drop-method requires more ether since a considerable quantity is lost by evaporation, but the increased safety of the method far surpasses the insignificant cost. In the cases we have employed the dropmethod perfect satisfaction has been obtained, and we would bespeak for the method kind and careful consideration. We always employ ether whenever possible, and do not consider age any contraindication to its use. fact, we feel much safer when our patient of advanced middle age is being etherized than we do when chloroform is being administered. - Courier of Medicine.

Therapeutic Results in Radiotherapy.

Belot has compiled from the electrotherapeutic clinic of Brocq a complete statement of indications and uses of X rays. The following abstract is made from a review of his work in Le Journal de Medicine et de Chirurgie of September 10, 1904:

The X-rays as a Depilatory Agent.—
The usefulness of the rays here is unquestioned, but the greatest difficulty is encountered as to dosage. An insufficient exposure commonly producing an augmentation in the hairy growth and too large a dose causing marked and extended alopecia, with sometimes undesired lesions of the skin. This method should be limited only to such cases as can not be treated by individual electrolysis.

In tænia tonsurans and the parasitic sycoses of the beard and of the nails, particularly in the ravages of microsporan audouini, trichophyton tonsurans and trichophyton toudante (Greeley-Sabouraud), the results obtained are far superior to those obtained by any methods heretofore known. The X-rays here should surpass all other measures.

In folliculitis, especially of hairy parts, a very satisfactory result is obtained, better than by other methods, which, as is often experienced, are used without success.

In alopecia areata the results are, of course, extremely variable; in recent cases the outlook seems to be very much better than in those that have already existed some time.

In acne results are, likewise, subject to a broad variation, only cases in which other methods have failed should be thus treated. Many successes, however, have been reported.

In psoriasis cases that have not benefited by any known procedure have yielded to X-rays, although certain inveterate ones have shown little or no result.

In the broad category of the pruriginous dermatoses, the results have been entirely remarkable, the effect being manifested not alone on the pruritus sine materia, but as well on the concomitant dermatitis. Cases of anal and vulvar pruritus, pruritus with lichenification, the circumscribed neurodermatoses, and Hebra's pruritus have all been very favorably influenced, and many cured.

In lupus vulgaris there seems to be a field reserved for radiotherapy as well as for phototherapy (Finsen); this is, perhaps, because of the sclerogenic properties of both. The latter is more difficult of application, takes more time, and does not penetrate. It requires more exposures than the method of Roentgen. In lupus Belot claims that insufficient work has been done for a comparison of the two methods, and claims for radiotherapy possible advantages.

In lupus erythematosis radiotherapy has done no more than has been accomplished by other methods, but it has done as much, and the benefit gained requires less time.

Keloids have been much improved in three cases (Belot).

Sarcoma in the skin has been repeatedly cured, and in one case of mycosis fungoides a retrogression was produced with better success than has yet been obtained in this affection.

In verruca plana repeated cures have been made.

In epithelioma of the skin the results have been almost uniform, the evolution of the disease under treatment is described as follows: The earliest effect is a rapid diminution of pain, its cessation being obtained in a few weeks; modification of ulceration, followed by a change from a yellowish, bleeding surface to a freely weeping aspect. This result is almost constant and is always to be expected in ulcers that are surrounded by a thickened projecting border. Next, the intensity of fetor is diminished very gradually. The raised edges then become more flattened and the wound contracts, the deep induration lessens, and the tendency to frequent bleeding disappears. Of twentyseven cases treated at the Broca Hospital, fifteen were objectively cured, seven were very nearly well, eight were still under treatment, and four quit the service. Recurrence was noticed in but one case.

Epitheliomata of the mucosæ, e.g.; lips and tongue are much less favorable to treatment than when the scar can be obtained in the skin. Epithelioma of the lower lip has never been cured at Brocq's clinic. Cancer of the tongue has yielded several successes, but the necessary technic still offers many disadvantages. Cancer of the soft palate has been cured by Mecaw, and cancer of the larynx by Béclère, but such cases are still very exceptional.

Cancer of the breast has yielded very variable results. A most satisfactory field here is in treating post-operative recurrence at the wound edges, especially where there is no fresh glandular involvement or metastasis. Even when an adenopathy exists retrogression is sometimes obtained.

The cure of a primary cancer of the breast by the X-ray is as yet not a settled possibility, but great benefit can be obtained by calming the pain and delaying the progress of the trouble. As a palliative method it deserves a place in the therapeutics of this disease. When surgical intervention is possible in these cases it is the method of choice, to be followed, perhaps, by radiotherapy.

As to results said to have been obtained in carcinoma of the deep organs—stomach, intestine, omentum, uterus—little can yet be said. Such results have found but insufficient proof.

A great deal is yet to be expected

from the X-ray, for the apparatus in use has still many imperfections and fallacies in treatment are common.—

Courier of Medicine.

Intestinal Ulceration.

By A. F. FOYE, M. D., Washington, D. C.

The patient in this case was a woman eighty-two years old. Her trouble was of several years' standing, during which time she had been unsuccessfully treated for various forms of gastro-intestinal affections. I found that there was a great deal of pain, at times very acute, in the region of the duodenum, and a careful examination of the daily stools showed a number of black crusts which, with other symptoms, indicated an ulcer. As there was much acid fermentation and gastric disturbance, I thought the use of Glyco-Thymoline would be effective, and began with tablespoonful doses every three hours. The results were wonderful. Not only were the gastric conditions corrected speedily, but the pains and soreness were lessened in the duodenal tract and the quantity of black crusts in the stools greatly lessened. I had the patient under the care of a trained nurse, and told her to keep up the Glyco-Thymoline treatment and closely watch the stools and report to me daily. This was done and the improvement steadily continued until, after some three weeks' treatment, there was no pain nor soreness and no trace of the crusts. Her appetite had returned, and she could digest and assimilate her food without any distress, something she had been unable to do for a number of years. After another week or so I found that every indication pointed to a cure and discontinued the treatment. That was over a year ago. She has not had the slightest return of the bad symptoms and her general condition is remarkably good for a woman of her age. As it is, she apparently has a number of years of life before her, and as Glyco-Thymoline alone was used, the inference that it saved her life is not over-strong. I can not say too much in its praise, and shall use it wherever its use is indicated.

TREATMENT OF FELONS.

Felons are classed as minor surgery, and yet many a finger has been lost through their careless treatment. Antiphlogistine is a specific in incipient cases. Apply hot, change every six or eight hours and resolution will as a rule occur without the formation of pus. If pus has already formed incise deeply and freely. Thoroughness is essential. Evacuate and cleanse with a suitable antiseptic. Insert a drainage tube. Surround the finger with Antiphlogistine. Cut the drainage tube 1/4 inch above the surface of the Antiphlogistine. Cover all with absorbent cotton and a bandage. The results will be satisfactory.

In those puzzling cases of menstrual derangement where all other known remedies fail, Aletris Cordial Rio often cures.

When an internal mucous astringent is indicated, in such cases as Cholera Infantum, etc., Kennedy's dark pinus

canadensis should be given in an alkaline medium.

The property of absorbing and eliminating moisture differs greatly in various fabrics used for underclothing. All authorities on matters of hygiene agree that the absorption as well as the elimination of moisture takes place quicker with linen than with wool, cotton or silk.

The Dr. Deimel Underwear represents Linen in its most modern state of perfection.

Brainfag, from worry, overwork or excesses of various kinds, is quickly relieved by the use of Celerina, in teaspoonful doses three times a day.

Opinion Based on an Experience of Over Twelve Years.

Sanmetto is an excellent preparation and in my opinon the best medicine of the kind today in the market. I have used it for over twelve years, and always with benefit. I have arrived at the age of sixty-seven years, when the plague of old men—enlarged prostate—is apt to annoy me, showing itself in frequent micturition, stoppage of urine, etc., etc. I intend to use Sanmetto on myself. I received some literature on Sanmetto this morning. I enjoyed the piece of poetry from my old friend, Eugene Field. It is very appropriate.

J. M. CAMPBELL, M. D.

Brooklyn, New York City.

No more healthful, stimulating and generally beneficial application can be made to a diseased mucous membrane than Kennedy's Pinus Canadensis.

THE PRESCRIPTION.

Hemorrhoids.—The following combination is recommended by Anderson in Med. Record:

R Hydrastin,
Pulv. aluminis, aa gr. xv.
Cocainæ muriatis, gr. viiss.
Ol. theobrom, q. s.

M. Ft. suppos. No. xij. Sig. Insert one every night.—Oklahoma Med. Jour.

IMPACTED CERUMEN.—Dr. M. G. Price, of Mosheim, Tenn., recommends in the Medical Summary:

R Glycerin, 3 ss.
Sodium bicarb., gr. xx.
Aq., 3 ss.

M. Sig. Wash out the ears two or three times a day.

For rectal ulcer the same author advises:

R Fl. ext. hydrastis,
Fl. ext. ergot, aa z ij.
Fl. ext. hamamelis, z ij.

Mix one-half teaspoonful of this mixture with one-half teaspoonful of cornstarch, to which add two table-spoonfuls of warm water. Inject into the bowels and retain all night. Repeat each night.—The Med. Bulletin.

ERYSIPELAS.—By a wad of cotton held in forceps and lighted after it has been dipped in alcohol, Tregubow produces a burn of the first degree. He repeats the application two or three times a day, exposing the entire affected surface to the flame, and finds about two days sufficient for a complete cure of erysipelas.—Jour. A. M. A.

Acute Tonsillitis.—Apply once or twice a day a solution of silver nitrate,

60 grains to 1 ounce. This may abort the disease in one case out of four.—
Ingals, Medical Record.

PURPURA.

R Ext. hamamelidis, fl., fl. 3 iij. Sig. Half to one teaspoonful in water three times a day.

Indication —Useful in purpura with hemorrhage from mucous membrane. —Ex.

Compound Fracture.—(1) Never apply a plaster splint to a compound fracture; (2) Treat the lacerations and contusions antiseptically; (3) The writer uses the Levis' metallic splint in these cases with marked success when laceration is anterior; (4) The bandage is so applied that, while holding the bones, it does not cover the laceration; (5) It is a good rule to unbandage a fractured limb every two to five days, particularly a compound fracture; then wash and rub the limb thoroughly; (6) Ununited fracture comes more frequently from circulatory stasis than from movements of the fractured ends; then do not be so dreadfully afraid of possibly breaking adhesions when the splint is carefully removed; (7) A little massage will quickly compensate for a trifle of disturbance of the fractured ends; (8) If pus should form, use calcium sulphid and echinacea, or ichthyol; keep bowels free and apply H₂ O₂, ichthyol, etc., locally; (9) Every traumatism has its medical as well as surgical aspect; that's what's the matter with the man of one idea—the surgeon; (10) Above all call frequently upon your fracture cases; and if they want the dressings or splints altered, try to oblige them, for that is what they pay you for.—Boynton, Med. World.

ANTIKAMNIA

(THERAPEUTIC INDICATIONS.)

Antikamnia is an American product, and conspicuous on this account and because of the immense popularity which it has achieved, it is today in greater use than any other of the synthetically produced antipyretics. literature is voluminous, and clinical reports from prominent medical men in all parts of this country, with society proceedings and editorial references, attest its value in actual practice in an endless variety of diseases and symptomatic affections, such as the neuralgias, rheumatism, typhoid and other fevers, headaches, influenza, and particularly in the pains due to irregularities of menstruation. Antikamnia has received more adverse criticism of a certain spiteful kind, particularly directed against its origin—and because of its success—than any other remedy known; critics have seemed personally aggrieved because of its American source, and that it did not emanate from the usual "color works," but their diatribes have fallen flat as do most persecutions and unreasonable and petty prejudices. The fact stands incontrovertible that Antikamnia has proved an excellent and reliable remedy, and when a physician is satisfied with the effects achieved he usually holds fast to the product. That is the secret and mainspring of the Antikamnia success. It is antipyretic, analgesic, and anodyne and the dose is from 5 to 10 grains, in powder, tablets or in konseals taken with a swallow of water or wine. When prescribing Antikamnia, particularly in combination

with other drugs, it is desirable to specify "in konseals," which are rice flour capsules, affording an unequalled vehicle for administering drugs of all kinds.

"So you have decided to get another physician."

"I have," answered Mrs. Cumrox; "the idea of his prescribing flaxseed poultices and mustard plasters for people as rich as we are!"—Ex.

Quite right. If he had been up to date, he would have used Antiphlogistine, whether his patients were rich or poor.

Rook Notes.

ALL BOOKS reviewed in these columns may be examined by prospective purchasers, at the Jour-NAL Editorial rooms from 10 to 12 daily, within thirty days of the appearance of the review. We invite students to examine these publications. Publishers will please notify us of the net price of all books.

Maternitas.—A book concerning the Care of the Prospective Mother and her Child.—By Chas. E. Paddock, M.D. Prof. Obstetrics, Chicago Post-Graduate Medical Schools. Head & Co., Chicago. Price, \$1.25.

This is one of those useful little books intended to aid the prospective mother during her pregnancy, and to guide her in the care of her child afterwards. The busy physician will find it a very trustworthy adjunct to his own advice, and he may place it in the hands of his patient with the assurance that she will find her problems solved, and that its teaching will contribute greatly to her own welfare and that of her child.

Merck's Manual, 1905.—Merck & Co. have issued their little reference book for 1905. It is as usual, a very useful and comprehensive little work, and for rapid reference is valuable to student and practitioner alike.

Surgical Diagnosis.—A Manual for Practitioners of Medicine and Surgery.
—By Otto G. T. Kiliani, M. D. Wm. Wood & Co., New York. Price, \$4.50.

Dr. Kiliani's book will be warmly welcomed as there has been no work on this subject published in this country for several years. He has succeeded admirably in his object of assisting the practitioner in deciding the difficult question of whether or not surgical interference is necessary. Methods of examination are given in detail, and then the diagnostic symptoms of each disease are described in full. The operations necessary in any case are discussed together with the selection of the particular operation suited to each, and the prognosis.

Each region of the body is taken up in turn making the book easy of reference. Tables of differential diagnosis are included as well as one showing the general symptoms which are identical in various diseases.

The book is exceedingly well gotten up and is illustrated profusely. An unique series of X-Ray photographs of typical cases adds much to the value of the book.

Diet and Nutrition.—By Max Einhorn, M. D. Wm. Wood & Co., Publishers. Price, 75 cents.

The medical profession will welcome the appearance in collected form of these valuable articles on diet. A knowledge of nutrition and diet is essential to the rational treatment of disease, and this little book should be of great assistance to the practitioner. The author lays special stress on the importance of sufficient nutrition, as in many disorders of digestion far too little food is taken.

The suitable diet for many conditions is discussed.

Those who read Dr. Einhorn's articles in the medical journals will be glad to have them in their more convenient form; and those who have not should embrace this opportunity of doing so.

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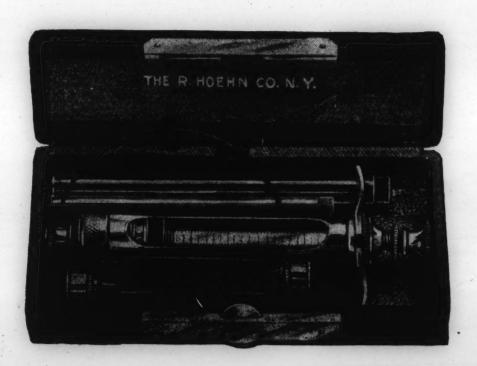
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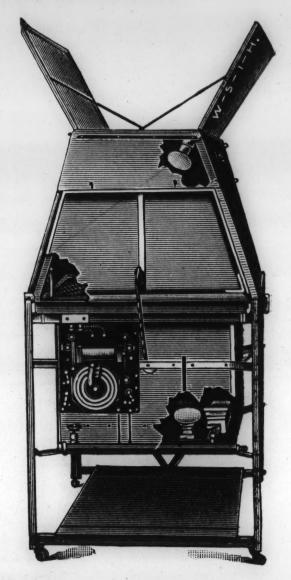
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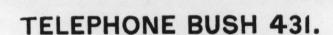
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PAPER

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Collinsonia Canadensis.

For some affections of the throat, Collinsonia is certainly a specific. It is such in so-called "minister's sore throat," or the laryngitis due to an over use of the speech organs. It is also efficient in chronic laryngitis, with change of voice, and in chronic bronchitis, when there is *irritation*, congestion, and sense of constriction. When these symptoms are present, Collinsonia has no superior as a remedy in certain forms of relaxed uvula, in pharyngitis, in hoarseness, in croup, and in whooping cough, as well as in ordinary cough of nervous origin. For these various uses it is administered in fair sized doses, as

R. Specific Collinsonia, - - - - - f \(\mathcal{z} \) j.
Simple syrup, - - - - q. s. ad f \(\mathcal{z} \) iv.
M. Sig. Teaspoonful four or five times a day.

For its general tonic effect upon the digestive tract, Collinsonia is a remedy of no mean value in functional gastric troubles, atonic dyspepsia, constipation, anemia, chlorosis etc. However, next to its specific action in throat affections, we desire to suggest the use of Collinsonia in rectal diseases, and in troubles about the anal outlet. As an internal medicament in the treatment of hemorrhoids, Collinsonia has no equal, if the cases be well chosen. There is *irritation*, constriction, congestion, a feeling as though a foreign body of no small size were lodged within the bowel. There is heat, burning, and perhaps hemorrhage. It is also very efficient as an internal remedy in the relief of the disturbances due to rectal pockets, papillæ, ulcers, spasmodic stricture, etc. It is not surpassed by any remedy in these troubles, unless it be by operative measures. The latter are more speedy, but hardly more certain. The same is true of Collinsonia in certain cases of spasmodic contraction of the sphincter ani, and in general prostatitis.

As adjunct remedies to be used in combination or in alternation with Collinsonia, we should consider specific ipecac, powdered rhubarb, and either the second or third decimal trituration of sulphur, or the second trituration of podophyllin. Collinsonia should not be forgotton in reflex troubles due to rectal irritation. In this line we mention reflex cough, asthma, chorea, headache of a dull, frontal variety, and reflex cardiac affections. It is frequently a remedy in dysentery, and in cholera infantum, when there is much tenesmus, with *irritation*, constriction and congestion.

Collinsonia is highly recommended in certain functional urinary troubles, when the symptoms calling for it are prominent. It allays the irritation and gives speedy relief. Many times it is the remedy in incontinence of urine, in urethral or vesical hyperesthesia, and for minor gonorrheal disturbances. Because of this action it has been suggested as a remedy in gravel, calculus, in dropsy, and in varicocele. It is also a remedy for hemorrhoids, swollen genitals, pruritus vulva and ani of the pregnant female. By some it is recommended in certain cases of dysmenorrhea, amenorrhea, leucorrhea, prolapsus, etc.

The symptoms—irritation, congestion, and constriction—presenting in any case of whatever name or nature, call for Collinsonia. For use in rectal, anal, and genito-urinary diseases, the dose does not need to be as large as recommended above. Ten drops of the Specific Medicine to four ounces of water, and a teaspoonful of the mixture every hour or two, is sufficient for most purposes in these ligges. Larger doses, however, are not followed by deleterious effects. Remember, that when irritation, congestion, and constriction are present, Collinsonia is the remedy, call the disease what you may.—Editorial from the Eclectic Medical Journal.

The above editorial concerns one of the most important Eclectic remedies. It is the subject of our sixteen-page descriptive Drug Study No. VII, which will be mailed free on application.—Lloyd Brothers, Cincinnati, Ohio.



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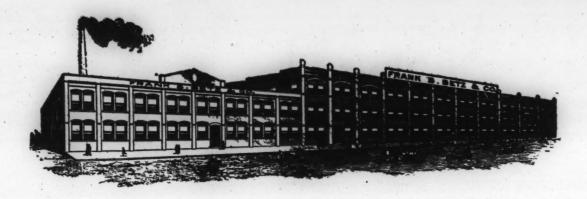
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